Spring 2005

Quality Service Review Report

Quality Improvement Administration ▪ QSR/Case Practice Unit

Executive Summary

The Child and Family Services Agency (CFSA) originally assessed case practice through record reviews and quantitative analyses. In the past, the Center for the Study of Social Policy (CSSP) assessed CFSA's progress in meeting the *LaShawn A. v. Williams* performance requirements through review of a random statistical sample of case records. While case record reviews provide meaningful information about documentation of activities and compliance with policies and time frames, they provide little insight into the quality of the work.

In October 2003, CSSP and CFSA partnered to add a method of qualitative review to established assessment procedures. Quality Service Review (QSR) looks at outcomes for individual children and families to identify system strengths and areas that need improvement. This qualitative approach supports and complements quantitative data from CFSA's FACES automated case management information system. Together, quantitative and qualitative data provide a broader understanding of family dynamics and needs and performance of the service delivery system.

Since 2003, CFSA has progressively internalized the QSR process. In early 2004, CFSA's Quality Improvement Administration (QIA) established a QSR/Case Practice Unit to develop and implement QSRs twice a year. In March 2005, with CSSP support, CFSA reviewed 11 cases to test a new QSR tool that national experts tailored specifically for District child welfare. This report describes the review and new review tool and summarizes findings. Sections I through IV describe the QSR methodology, protocol structure and protocol scoring. Section V and VI provide a summary of findings and the conclusion. The appendices include the full pilot protocol, the case stories, and a list of reviewers.

Summary of Spring 2005 QSR Themes

Strengths	*Challenges*

o Children were safe
o Children were healthy or major health issues were addressed
o Children and families were maintaining connections
o Social workers were found to be dedicated
o Caregivers were providing positive support to children
	o System performance often lacked:
	  o Leadership and team formation/functioning
	  o Case planning and on-going assessment
	o Quality resources were not always available in a timely manner
	o Children experienced multiple placements
	o Children were not achieving timely permanency
	o Not all schools were adequately meeting needs of children

I. Methodology

A. Overview of the Quality Service Review Approach

CFSA reviewed 11 cases during the week of March 28–April 1, 2005, to test a new QSR protocol. Review teams gathered as much information as possible about each child to gain a full understanding of his/her past progress, current status, and outlook. The QSR Unit arranged interviews with 101 participants in the 11 cases. In addition, QSR consultants working with CFSA on the reviews conducted 11 focus groups and stakeholder interviews.

Following the interviews, review teams held feedback/debriefing sessions with the social worker and supervisor on each case to share findings and discuss next steps. At the end of the week, reviewers summarized each case story for senior staff, administrators, supervisors, and other interested parties from the child welfare community. They discussed themes, both positive and negative. QSR consultants also presented preliminary findings to CFSA staff. CFSA senior managers then met to discuss next steps.

B. Sample

Usually, CFSA Information Systems selects a random sample of cases from FACES for review. However, because this was a test of the new review tool, QIA gave administrators the opportunity to recommend cases for review. Our final sample was a mixture of cases administrators recommended and that IS selected at random from FACES. We initially selected 12 cases, but one review team was unable to complete all interviews for one of the cases. We dropped that case, leaving a total of 11 in the review.

The final sample consisted of six males and five females ranging in age from 17 months to 20 years. Three children had a permanency goal of family stabilization; three, adoption; two, reunification; two, guardianship; and one alternative planned permanent living arrangement (APPLA).

C. Limitations

The sample was not representative of the population of children in CFSA care. The number of cases was very small and not all randomly selected. Therefore, we cannot generalize findings but can identify "telling indicators" for practice development. Rather than dwell on numbers, we have focused on case stories to identify areas for immediate attention and further exploration.

II. Protocol Development

In the fall of 2004, national experts from Human Systems and Outcomes, Inc. facilitated meetings to tailor a QSR protocol specifically for the District's child welfare system.

Representatives from all areas of CFSA, the Healthy Families/Thriving Communities Collaboratives, Consortium for Child Welfare, Foster and Adoptive Parent Advocacy Center (FAPAC), and DC Action for Children participated in the development process. CFSA and CSSP tested the new protocol in March 2005, and refined it with help from Human Systems and Outcomes. See Appendix A for the full pilot protocol.

III. Protocol Structure

The QSR protocol is broken into four sections: **Child Status**, **Parent/Caregiver Status**, **Progress Status**, and **System Status**. Child Status looks at the situation of the child within the past 30 days as well as in a broader context through 10 indicators shown in Table 1.

Table 1: Child Status Indicators

• Safety	• Emotional/behavioral well being
• Stability	• Academic/developmental status
• Permanence	• Responsible behavior
• Appropriateness of home placement	• Social supports
• Health/physical well being	• Life skills development

Table 2 lists the three indicators of Parent/Caregiver Status. The protocol calls for scoring these indicators:

Table 2: Parent/Caregiver Status Indicators

- Support of the child
- Participation in decisions
- Progress toward safe case closure

- For **parent(s) and caregiver(s)** when the child is in foster care and has a goal of **reunification**.
- For **parent(s) only** when the child is **at home**.
- For **caregiver(s) only** when the child's goal is **adoption, guardianship or APPLA**.

Progress indicators, as shown in Table 3, look at whether a case has advanced over the past six months.

Table 3: Progress Status Indicators

- Risk reduction
- Youth progress toward independence
- Progress toward safe case closure

Table 4 lists indicators of System Status, which assess overall child welfare system performance based on a specific practice framework. This framework asserts that good case practice involves:

- **Engaging families** and **assessing underlying factors** in their situation.
- **Assembling and leading family-professional service teams** in developing time-sensitive case goals and **adjusting services and/or goals** as child and family circumstances change.

Table 4: System Status Indicators

Practice Performance Indicators	*Attributes and Conditions of Practice*
• Engagement of the child and family	• Cultural appropriateness
• Coordination and leadership	• Availability of resources
• Team formation and functioning	• Informal family support and connections
• Assessment and understanding	• Family Court interface
• Pathway to permanence	• Medication management
• Case planning process	
• Implementation	
• Tracking and adjustment	
• Family connections	

- **Promptly delivering quality services** so children **achieve permanence within Adoption and Safe Families Act (ASFA) time frames**.

Collectively, these three sets of indicators prescribe a highly **plan-, team-, and outcome-oriented child welfare system**.

IV. Protocol Scoring

Reviewers scored indicators on a six-point scale running from **1—adverse** status—to **6—optimal** status (Table 5). After scoring, the protocol provides two options for viewing findings: by **zones (Improvement**, **Refinement**, or **Maintenance)** or by **status (Acceptable** or **Unacceptable)**. We used zones as the basis for analyzing data from the Spring 2005 QSR. In the following sections of this report, colors in bar charts refer to the zones in Table 5: green for **maintenance** (favorable), yellow for **refinement** (marginal), and red for **improvement** (problematic).

Table 5: Example of QSR Scoring Protocol

QSR Interpretive Guide for Child Status

Zones	*Scoring*	*Status*
MAINTENANCE Status is favorable. Maintain and build on a positive situation.	6 = OPTIMAL Best or most favorable status for this child in this area (taking age and ability into account). Child is doing great! Confidence is high that long-term goals or expectations will be met.	**ACCEPTABLE**
	5 = GOOD Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of goals in this area. Situation is "looking good" and likely to continue.	
REFINEMENT Status is minimal or marginal, possibly unstable. Make efforts to refine situation.	4 = FAIR Status is minimally or temporarily sufficient for child to meet short-term goals in this area. Status is minimally acceptable at this time but may be short term due to changes in circumstances, requiring adjustments soon.	
	3 = MARGINAL Status is marginal/mixed, not quite sufficient to meet the child's short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.	**UNACCEPTABLE**
IMPROVEMENT Status is problematic or risky. Act immediately to improve situation.	2 = POOR Status has been and continues to be poor and unacceptable. Child seems to be "stuck" or "lost" and is not improving. Risks may be mild to moderate.	
	1 = ADVERSE Child status in this area is poor and getting worse. Risks of harm, restrictions, exclusion, regression, and/or other adverse outcomes are substantial and increasing.	

V. Summary of Findings

Due to the small number of cases in this pilot review, this summary focuses on overall themes emerging from the review and focus groups. We have broken these themes into two groups: **strengths** and **challenges**. In general, the 11 children in the review were safe and doing fairly well physically and emotionally. They had committed social workers and, in general, committed, supportive foster parents as well. However, the CFSA system—and subsequently the children and families served—faced numerous challenges. Specifically, children had limited stability and were not achieving permanence in a timely manner. Resources were limited, and children were struggling academically.

Among many possible explanations for these challenges, one is certainly lack of an agency model that prescribes plan-, team-, and outcome-oriented practice. Without common understanding of practice protocol, helping professionals struggle to stabilize a child, move him/her to permanence, provide appropriate resources and services, and help the child and family exit the system safely.

A. Strengths

1. Safety and Well-Being

Overall, children in this review were safe and healthy. Ten of the 11 cases reviewed scored in the maintenance zone on safety, indicating the target child was well cared for and had no safety risks. In one case, for example, reviewers found, *"The child's current living situation indicates optimal safety for the two brothers. He lives with a reliable maternal great-aunt and great-grandmother, within walking distance from school"* (Case #6). The health and physical well-being indicator scored similarly high with nine of 11 children in the maintenance zone. Reviewers found that the children received routine medical and dental care and were in good health or receiving appropriate treatment for acute or chronic health problems. In one case, the target child reported having headaches but was otherwise healthy and received regular medical and dental check-ups. To address the headaches, the child's mother scheduled an appointment with a neurologist (Case #3). In another case, reviewers reported that the child was in good health physically and emotionally and was making strides developmentally. They found: *"There are no longer signs of developmental delay and his school teacher reports that he is functioning on age-level and should be ready for pre-school. He has increased visitation with his grandparents and should be ready to move in with them . . . . [T]he child is in good physical health"* (Case #5).

2. Family Connections

This indicator looked at the degree to which CFSA helped to maintain relationships with family members when children were in out-of-home care. Of the nine children in care at the time of this review, reviewers rated five "good" and four "fair," indicating that CFSA had strategies (such as visits) in place and was implementing them regularly (weekly or biweekly). Among the 11 children we reviewed, several stories indicated that parents, siblings, and other relatives were

maintaining strong bonds. In one example, *"[F]amilial support has been extensive. The extended family has contributed financially and provides care for the children whenever needed, including when the mother was in the detoxification program"* (Case #8).

In another case, reviewers felt very good about the child's placement because he lived with his siblings. *"The child is not at risk for a change in placement from his pre-adoptive foster care home, which is an extremely positive placement for the child, in part because he is placed with his two sisters and able to maintain that particular family bond"* (Case #7).

In addition to the fact that children in this review had strong family connections and that those connections were benefiting the child, participants in the focus groups reported that the some of the easiest cases to work with were the ones with family involvement.

3. Dedicated Social Workers

Another very positive finding of this review was that focus group participants and interviewees had many positive comments about CFSA social workers. Many social workers were working very hard with the child and family to achieve their goals. For example,

> *The child and her foster family are satisfied with the services that they are receiving and they are very happy with the CFSA social worker. There are numerous resources and services available to the child and her family. The providers involved in the case are the right people and they are working diligently to support the children and the foster family and address the pending placement crisis. The team does not generally meet, but they do communicate with each other via telephone. Finally, everyone in very happy with the judge in this case and the way in which the CFSA social worker, the AAG, and the GAL are working together.* (Case #2)

4. Committed Resource Families

In addition to dedicated social workers, this review found that foster/adoptive parents were often going above and beyond to meet the needs of the children in their homes. Quality resource parents can be the key to a child achieving stability and permanence. Reviewers described one case in which a foster parent was making a huge difference to a child in care:

> *[The child] is finally receiving the care that she needs and deserves in her current foster home placement, where she has resided for approximately five weeks. The current foster mother is committed to the child and is requesting special needs training so that she can best meet the child's needs. . . . Family connections are encouraged and maintained; visits take place both at the agency and in the foster home. The foster mother has developed a relationship with the mother and their ability to work together has had a positive impact on the child's adjustment in the foster home.* (Case #4)

B. Challenges

CFSA's new QSR protocol is based on a specific practice framework that asserts social workers must:

- Engage and assess families.
- Develop clear plans to achieve permanency goals.
- Lead the family-service team in creating time-sensitive case goals and adjust these goals as child and family circumstances change.
- Put in place quality services, supports, and strategies so the child can achieve permanence within mandated time frames.

This is a very plan-, team-, and outcome-oriented practice framework.

In this and previous QSRs, reviewers found that crises and the courts, not planned outcomes, often drive CFSA practice. Most of the challenges relate to this issue and highlight, once again, the need for a comprehensive agency practice model. The first three challenges demonstrate gaps in the system that prevent children from moving quickly to permanence.

1. Leadership and Team Formation/Functioning

This review found a general lack of strong case coordination and leadership. Only two cases were strong in this area; six had fair case leadership; and three had poor or no leadership. Reviewers generally found no identifiable single point of organization responsible for coordinating the case (planning and progress to closure), services, and team of service providers. In many interviews, service providers and family members did not identify the social worker as the leader on the case. Often, various parties did not have the same information about what was occurring with the case. If CFSA wants to move children to permanence quickly, social workers must be the "trail boss" who organizes and leads case practice and the family-service team. Following are two examples of cases with little coordination, leadership, and teaming.

> *Since December, two social workers have been assigned to this case. An in-home and reunification worker, and now the contract agency worker have each functioned as the case manager for short periods of time. While each worker carried out many of their responsibilities well, this lack of worker continuity in a three-month period has led to gaps in leadership, team functioning, service provision, and accountability.* (Case #4)

> *There is no formation of a team in this case, there is little or no contact with providers, and the provision of services to the family is failing . . . . There has been no contact with the child's teacher or school and the CFSA worker was unaware that there will be a significant delay in getting an appointment for the child to participate in therapy. The mother attempted to enroll in an outpatient drug treatment program more than two months ago, but she encountered barriers with which she received no assistance to overcome. It is unknown how long the mother was in the detoxification program, the level of participation in the program, or what the recommendations were upon discharge.* (Case #8)

In contrast, following is an example of a case with good coordination, leadership, and teaming.

> *The current system was rated highly because of the increased efforts the service team has made in the past three months. The CFSA social worker has taken the lead and enlisted the services of an MST provider. She has also worked with the youth and DC Public Schools (DCPS), to some extent, to identify a new school placement*. (Case #3)

2. Case Planning and On-Going Assessment

Case planning and on-going case assessment, tracking progress, and adjusting strategies as circumstances change all needed work. Cases are dynamic, requiring social workers to be "planful," proactive, and flexible. CFSA should always have a clear goal for the child and family with a clearly identified path for achieving that goal. The case leader and the team must track and periodically adjust plans and strategies for goal achievement as case circumstances change. Maintaining the *status quo* and reacting to crises are not enough. Social workers should always be thinking about progress toward permanence and issues children and families are facing. Initial assessments are important to get the case started in the right direction, clear and comprehensive case planning provides a path to the end goal, and ongoing assessments alter the plan as needed. The following excerpt from one of the case stories is an excellent example of a case in need of assessment and a clear, goal-oriented plan.

> *Because of the actions of the maternal grandmother at the time of her sister's wedding, there is now disagreement on future placement for the boys. The worker and supervisor are advocates of placing the boys into a non-kinship foster care placement with a goal of adoption. The GAL is not sure of what the plan should be but has believed that the maternal grandmother is capable of caring for the children. Other team members (the two collaboratives working with the maternal grandmother and great-aunt, the mentor and school) have not been consulted regarding permanency issues. All of the family members advocate guardianship with the maternal grandmother, which remains the permanency goal in court. The family is maintaining optimal communication despite the trauma caused by the "wedding incident" and family members are seeking resources without the direction of CFSA to achieve the goal of guardianship for the maternal grandmother . . . . Assessment data is inadequate in this case. Assessments have been point in time and not an on-going process. Conflicting opinions exist between CFSA and the family about the risks of the children in the care of the [maternal grandmother]. A new and on-going assessment of the [maternal grandmother] is needed, which should include a psychological evaluation. There is also an inadequate assessment of the mother's functioning and current drug use. This is particularly needed since she is caring for a new infant.* (Case #6)

3. Resource Availability

Both case and focus group participants did not think CFSA made quality resources accessible in a timely fashion. Several reported disconnects between referrals and actual service provision. Social workers made referrals, but other agencies were slow to deliver services. Often, social workers did not follow up, resulting in suffering for families and children. Lack of resources was particularly acute in three areas.

a. Housing

A need for housing was sometimes the only barrier to permanence. Willing caretakers may not have had a home that met necessary requirements, causing children to linger in foster care. Social workers were often unaware of resources such as flex funds. Failing to provide willing prospective caregivers with resources to obtain housing not only hinders children from being in the most appropriate placements but is also a barrier to permanence, as the following example demonstrates.

> *The paternal grandparents are interested in taking custody of all the children, and the social worker stated that she believes they would be appropriate caregivers; however, they are unable to take custody due to inadequate space in their apartment. Additionally, the social worker reported that they will not qualify for subsidized guardianship . . . and this is an additional barrier for them in obtaining a larger residence.* (Case #5)

b. Substance Abuse

Substance abuse was at the root of eight cases and an ongoing issue for seven parents. During the case story presentations, reviewers reported that substance abuse was a major barrier to reunification or case closure. Unfortunately, CFSA did not make substance abuse treatment readily available or did not offer it.

The following example demonstrates the challenge of working with substance abusing parents but also shows the importance of "meeting the parent where he/she is" and completing clinical evaluations, given the connection between substance abuse and mental health issues.

> *The mother reportedly continues to have a problem with alcohol and is not ready to deal with the issue. She has not had the clinical evaluations she requested, which is unfortunate given how unusual it is for someone to request these for herself. . . . The team also needs to develop a strategy to work with the mother to motivate her to accept the substance abuse treatment services that she requires. All of these services are critical in order to achieve safe case closure.* (Case #4)

c. Transportation

Families could not use services because they did not have transportation. One mother could not drive and had to rely on family members to take her and the focus child to appointments (Case #3). Another parent identified transportation as the largest barrier to her success. In this case, the mother indicated that if there were one thing that the agency could have done differently for her, it would have been to assist her with transportation.

> *The mother has not received appropriate assistance in this case. It is very difficult for her to get around on the bus with the baby, particularly when the weather is bad. She feels that she "could have had this all done two months ago if [she] had help getting to the places [she] needed to be." In essence, the mother has been as compliant as possible with the demands placed on her; despite the lack of*

assistance provided and all that she has been asked to do, she has shown great determination to succeed. (Case #8)

When the system does not function properly, it does not meet children's needs. They move from placement to placement and do not achieve permanence in a timely manner. In addition, their educational needs are not fully assessed and addressed.

4. Stability

Children in this review experienced multiple placements. One child had been in more than 10 placements since coming into care. The following example shows how stability in placements has a direct impact on children as demonstrated by the child's progression in her most recent placement, which she believed would be permanent.

Since coming into care in 1995, the review child and her 10-year-old sister have been placed together and have been in six different foster homes. Three of the six placements were pre-adoptive placements that failed for various reasons -- at least one of the three placements failed because of allegations of abuse and neglect. The most recent pre-adoptive placement disrupted approximately two years ago because the foster mother became very ill and was unable to continue to care for the siblings. (Case #2)

5. Permanence

Only two of eight children were in placements likely to endure until case closure. Children faced numerous barriers to achieving permanence: CFSA did not file motions to terminate parental rights (TPR) in a timely manner, potential adoptive parents feared loss of services, service providers did not communicate or work on the same goal, social workers spent the majority of their time dealing with crises and not focusing on progress, and some children found stability in homes that could not be permanent. In one case, reviewers wrote:

It appears that the system is providing a roadblock to family unification and case closure. While significant services seem to have been offered to the biological parents prior to the children coming into care, it does not seem that the same level of services are being offered to other relative resources who have demonstrated a willingness to assume custody of the children. (Case #5)

In another case, the target child and her sibling had been in foster care for almost 10 years. CFSA placed her and her sister in a temporary foster home two years ago, where they were reportedly safe, stable, and doing very well physically and emotionally. Unfortunately, the foster family did not intend to adopt the children. The foster parents clearly stated that they were willing to keep the children in foster care until adulthood but would not agree to adopt. At the time of this review, CFSA was working with the foster parents and the court to try to find a solution that would work for all parties (Case#2).

6. Education

While schools were serving some children well, CFSA was struggling with educational neglect and truancy in a number of cases. Schools were not adequately meeting the needs of children

with emotional, educational, and behavioral problems. Getting teens into appropriate schools was especially difficult. CFSA must work with DCPS to figure out who is responsible and how they will address the problem. Following is an example of failed collaboration between the two agencies.

> *The youth is not enrolled in school, nor has she attended regularly for at least two years; she was held back in the 7th grade twice because of truancy, and is currently in the 8th grade, though she is 16. She is supposed to enroll in an alternative night school program at a high school that she selected . . . .There were difficulties with DCPS when the CFSA social worker tried to enroll the youth in school. It does not seem that DCPS is collaborating with the team at this time; however, the CFSA social worker has been able to implement a plan on her own.* (Case #3)

VI. Conclusion

CFSA's Spring 2005 Quality Service Review successfully evaluated the cases of 11 children and gathered information from 11 focus groups. The small sample size means we cannot generalize results to CFSA as a whole or use them as baseline data for future reviews. However, we did we gain insight into the challenges of moving a case toward permanence, stability, and closure without a coordinated, outcome-oriented, collaborative plan. Additionally, this review was beneficial in that it provided an opportunity to test the new District-specific QSR protocol and to modify it in preparation for future semi-annual QSRs. Finally, through this process, we also trained several future reviewers.

As a result of this review, CFSA has committed to developing and launching a practice model for the agency. Furthermore, QIA will refine the QSR process in preparation for the Fall 2005 QSR, when we will use the new protocol to review 40 cases.